

Authorization Signature Form

Date: _____

TO: Kim T. Hayes kim.hayes@dgs.viginia.gov
1910 Darbytown Road Richmond, VA 23231
(804) 236-3662 Fax (804) 236-3663

Customer Name: _____

Address: _____

The administrative official or authorized designee must sign this form. Individuals not listed on the account must bring a letter signed by the administrative official or designee the date of the purchase.

DESIGNATED REPRESENTATIVE FOR SURPLUS PROPERTY:

PRINT NAME: _____

SIGNATURE: _____

TITLE: _____

TELEPHONE: _____

EMAIL: _____

CHECK:

Deletions ____ (Name of person(s) to delete from account) _____

Supersedes all prior authorizations ____ (nullify previous authorization forms)

ADDITIONAL DESIGNATED PRINCIPAL PERSONS:

A principal designee is allowed to sign for property and send others to receive property.

Signature _____

Signature _____

Name _____

Name _____

Title _____

Title _____

Telephone _____

Telephone _____

Email _____

Email _____

ADDITIONAL PERSONS AUTHORIZED TO SELECT AND SIGN FOR PROPERTY:

Signature _____

Signature _____

Name _____

Name _____

Title _____

Title _____

Telephone _____

Telephone _____

Email _____

Email _____

Signature _____

Signature _____

Name _____

Name _____

Title _____

Title _____

Telephone _____

Telephone _____

Email _____

Email _____